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APPLICANTS

John R. Hess, Bethesda, MD;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	MD	0	30	2
Examiner's Signature	Initials			

ADDRESS

U.S. ARMY MEDICAL RESEARCH AND MATERIAL COMMAND
 OFFICE OF THE STAFF JUDGE ADVOCATE
 ATTN: MS. ELIZABETH ARWINE (MCMR-ZA-J)
 504 SCOTT STREET
 FORT DETRICK, MD
 21702-5012

TITLE

COMPOSITIONS FOR TREATMENT OF HEMORRHAGING WITH ACTIVATED FACTOR VIIA IN
 COMBINATION WITH FIBRINOGEN AND METHODS OF USING SAME

FILING FEE RECEIVED 3930	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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